.)							Application or Docket Number				
PATENT A	RD	- 09/713263									
CLAIMS AS FILED - PART 1 (Column 1) (Column 2)							MALL EX		OR	OTHER SMALL	
TOTAL CLAIMS		24					RATE	FEE		RATE	FEE
FOR .		NAMED FLED		MAGNET EXTRA			LASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS		24 minus 20=		• 4			X\$ 9=		OR	X\$18-	72-
INDEPENDENT CLAIMS		2 min		•	-0-		X40-		OR	X80=	4
MULTIPLE DEPON	DENT CLAIM PT	RESENT					+135e		OR	+270=	B
* If the difference in column 1 is less than zero, enter "O" in column 2							TOTAL		OR.	TOTAL	782
CLAIMS AS AMENDED - PART II										OTHER	
(Column 1) (Column 2) (Column 3)							SMALL		OR	SMALL	
Total Independent	CLAIRS REMARKING AFTER AMERICANENT		NUM PREVI RAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	. 26	Mirus	4	14	- 2		X\$ 9-		OR	X\$18=	36
Independent	• 3	Minus	***	3_	• -	П	X40-		OR	X80=	
FRIST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135=		ОЯ	+270=	
الماماء ،						L	TOTAL		~	TOTAL ADOIT, FEE	7/2
deli	(Column 1)		(Cob)	mn 2)	(Column 3)		DOTT. FEE		,	ADUII. FEE	
	REMADANG			SEST CREA	PRESENT	ÌΓ		ADDI-			ADDI-
1	AFTER AMENDMENT		PREVI	POR	EXTRA		RATE	TIONAL	-	RATE	TIONAL
Total	• 30	Miress Miress		30	• 4	\prod	X\$ 9-		OR.	- Figh	900
113	MIATION OF M		PADÉN	TOLAIM	- 	11	X40-	•	OR	X80=	
		:					+135=		OЯ	+270_	
	•		•				TOTAL DOIT, FEE	•	OR	ADDIT. FEE	PL
(Column 1) (Column 2) (Column 3)									•		
em c	CLARUS REMANDIQ AFTER AMENOMENT		PREV	HEST MER KOUSLY OFOR	PRESENT EXTRA		RATE'	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Total	.30	Minus	- 3	- 112	•]	X\$ 9=		OR	X\$18=	;
112 (• 3	Minus	•••	3	•]	X40-		OR	X80-	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								ı			
* If the entry in column 1 is less than the entry in column 2, with "I" in column 3.							+135= TOTAL		OR	+270-	
"If the Pighest No.	"If the "Righest Number Proviously Peld For" M THOS SPACE in less than 20, briter "20."								OR	ADDIT. FEE	L
The "Tighest Rumber Proviously Palé For" (Rital or Independent) is the highest number found in the appropriate box in column 1.											
									_		

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